## Eric T. Hola Pharmacy Practice Grant Application

## Background

The New Jersey Society of Health System Pharmacists (NJSHP) Research and Grants Committee (RGC) is offering the Eric T. Hola Pharmacy Practice Grant program that will support demonstration projects related to the advancement of pharmacy practice in the state of New Jersey. The overarching goal of many national initiatives is to increase pharmacist participation on patient care teams as the professional who is responsible and accountable for patients’ medication-related outcomes while delegating all medication distribution functions that do not require clinical judgment to qualified pharmacy technicians and technology.

There is an urgent need to engage key stakeholders to create forward thinking hospital, health-system and ambulatory pharmacy practice models.

Healthcare reform is a high national priority for the public, policymakers, payers, health professionals and healthcare organizations. This reform is being driven by multiple factors including patient and caregiver demand for higher quality and safer care at lower costs; health professionals who are pursuing safer care for our society; health professional shortages; and demographic, social and economic influences. Eric T. Hola Pharmacy Practice Grants will be provided for the following project types:

* Adherence to standards and evidence-based practice
* Clinical pharmacy practice
* Impact of technology
* Medication distribution
* Medication-use policy and product selection
* Pharmacists’ roles as organizational leaders
* Pharmacy technician roles
* Response to the medication-use safety, quality and safety movements in the U.S.

## Eligibility

1. Principal investigator must be a registered pharmacist
2. All pharmacist investigators must be members of NJSHP
3. If a resident is the principal investigator, a preceptor must be one of the co-investigators
4. IRB approval, and proof thereof, is required prior to disbursing funds

## Funding

Up to $5000 will be awarded. Grants will be awarded to provide funding for specific practice-based research, related to advancing pharmacy practice models and are not intended for long-term support of research programs.

Funds may not be applied to:

1. Resident salaries and/or benefits;
2. Ongoing general operating expenses and/or existing deficits;
3. Purchase of permanent equipment, facilities, or software, or other capital costs;
4. Endowment contributions; and
5. Stipends or loans.

Funding is generally available for:

1. Salary support for study personnel including biostatisticians;
2. Institutional review board fees;
3. Consumable supplies and services;
4. Travel essential to the conduct of the proposed project;
5. Patient expenses/reimbursement;
6. Travel to present project findings in the range of $1,000 to $1,500 per project; and
7. Facilities and administrative cost rates that do not exceed 8% of the total requested budget.

## Grant recipient responsibilities

1. The grant period will be one year from the date of disbursement.
2. Within 60 days of completing the research, the grantees must submit Final Research Report to the NJSHP RGC. This report must include:
   1. A summary of the study results including statistical analysis if applicable;
   2. Preliminary conclusions;
   3. A summary of all adverse events associated with execution of the study and documentation of IRB review of such adverse events;
   4. A summary of all protocol modifications and documentation of IRB review and approval of such modifications; and
   5. Specific plans for presentation and publication of the study findings.
3. Within 60 days of submission of the Final Research Report, the grantees must submit a system-generated Final Financial Report. This report must include a complete and full accounting of the expenditure of NJSHP RGC funds related to the execution of the study.
4. A presentation on the Final Research Report must be given to the Board in person or via video conference at a date determined by the Board.
5. Any unused funds must be returned to the NJSHP RGC by the grantees.
6. If, for any reason, the grantee does not complete the project, the principal investigator must inform NJSHP in writing within 30 days of study termination. Within 60 days of study termination, the grantees are required to complete the Final Research Report and Final Financial Report and return any unused funds to the NJSHP RGC as described above.
7. All presentations, publications, and other communications regarding this study must include the following acknowledgement: “This study was funded (or partially funded) by the Eric T. Hola Pharmacy Practice Grant from the NJSHP Research and Grants Committee.”

**Application**

Two completed applications must be submitted electronically. One completed application must be completely blinded with respect to any author or sponsoring institution identifiers for award committee review. A second, non-blinded completed application of the project proposal must also be submitted for award notification. Both applications in Microsoft Word format should be forwarded to:

Attn: NJSHP Research and Grants Committee, c/o Stella Williams [Email:swilliams@njha.com](mailto:swilliam@njha.com)

**To be accepted, the completed application must be received by December 16th, 2019.**

## NJSHP Research and Grants Committee Eric T. Hola Pharmacy Practice Grant Application

## FULL APPLICATION WITH IDENTIFIERS

|  |  |  |
| --- | --- | --- |
| **Proposed Research Project** | | |
| **Complete Title of Proposed Project** | Click here to enter text. | |
| **Principal Investigator Information** | | |
| **Full Name of Principal Investigator** | Click here to enter text. | |
| **Title of Principal Investigator** | Click here to enter text. | |
| **Institution Name** | Click here to enter text. | |
| **Department/Division of Institution** | Click here to enter text. | |
| **Mailing Address of Institution** | Click here to enter text. | |
| **Email Address** | Click here to enter text. | |
| **Daytime Phone Number** (in case you need to be reached) | Click here to enter text. | |
| **Sponsoring Institution Name, Division and Address**  (if data will be collected at different site from listed above) | Click here to enter text. | |
| **Co-Investigators**  *All professionals included in the research project must be listed below with title, institution and division/department* | | |
| Click here to enter text. | | |
| **Checklist for Additional Attachments** | | |
| **Attachment A: Abstract** (description of the proposed project plan must be provided as a separate document, entitled “Attachment A” and organized with the following headings. **Do not list names of investigators or institution in the abstract**):   1. Introduction (program purpose, goals/objectives, rationale and previous work directly related to this project must be included) 2. Methodology (all methods used to complete the project, a timeline for completion of the project and method of data analysis must be included) 3. Potential Benefits or Anticipated Significance to Institutional Pharmacy Practice 4. References | | |
| **Attachment B: Budget** (an itemized listing entitled “Attachment B” of anticipated and known expenses must be included) | | |
| **Attachment C: Conflict of Interest Declaration** (complete the attached form) | | |
| **Certification and Acceptance** | | |
| It is understood and agreed by the undersigned that any grant received as a result of this application is subject to the following terms:  Funds granted as a result of this request are to be expended for the research project as described in this application.  The statements contained in this application are true and complete to the best of the applicant’s knowledge.  Written reports as to the project findings (interim progress report at 6 months and the final report within 60 days of completion of the project) will be supplied to the NJSHP Research and Grants Committee upon termination of the stated project period.  All reports of studies supported by this grant shall acknowledge such support.  Once the project is funded, the NJSHP Research and Grants Committee require that the project be either submitted to a peer-reviewed journal and/or presented during the poster session of the NJSHP Annual Meeting. | | |
| **Required Signatures** | | |
| Principal Investigator Signature: | | Date: |
| Department Director Signature: | | Date: |

## NJSHP Research and Grants Committee Eric T. Hola Pharmacy Practice Grant Application

## FULL APPLICATION WITH IDENTIFIERS

## Attachment A: Abstract

## *May use additional pages if necessary.*

|  |
| --- |
| Complete Title of Proposed Project: Click here to enter text. |
| Full Name of Principal Investigator: Click here to enter text. |
| Introduction |
|  |
| Methodology |
|  |
| Potential Benefits or Anticipated Significance to Institutional Pharmacy Practice |
|  |
| References |
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## NJSHP Research and Grants Committee Eric T. Hola Pharmacy Practice Grant Application

## FULL APPLICATION WITH IDENTIFIERS

## Attachment B: Budget

## *May use additional pages if necessary.*

|  |  |
| --- | --- |
| Complete Title of Proposed Project: | |
| Full Name of Principal Investigator: | |
| Itemized List of Anticipated and Known Expenses | |
| Item | Proposed Cost |
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| Total | $ |

## NJSHP Research and Grants Committee Eric T. Hola Pharmacy Practice Grant Application

## FULL APPLICATION WITH IDENTIFIERS

## Attachment C: Conflict of Interest Declaration

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| --- | --- | --- | --- | --- | --- | --- |
| **Background Information** | | | | | | |
| **Research Project Title** | | Click here to enter text. | | | | |
| **Primary Investigator Name** | | Click here to enter text. | | | | |
| **Primary Investigator Title** | | Click here to enter text. | | | | |
| **Part 1: To Be Completed by Primary Investigator** | | | | | | |
| I or my spouse/partner have no actual or potential conflict of interest in relation to this activity  I or my spouse/partner/ have a financial interest/arrangement, affiliation or relationship with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this activity, including but not limited to: | | | | | | |
|  | | | | | **Self** | **Spouse/ Partner** |
| Consultant/Clinical Investigator (*please specify*): Click here to enter text. | | | | |  |  |
| Grant/Research support (*please specify*): Click here to enter text. | | | | |  |  |
| Stockholder (*please specify*): Click here to enter text. | | | | |  |  |
| Speaker’s Bureau/Governing Board (*please specify*): Click here to enter text. | | | | |  |  |
| Other Financial/Material Interest (*please specify*): Click here to enter text. | | | | |  |  |
| I understand the above information will be disclosed to the NJSHP Research and Grants Committee and NJSHP President in advance of the research grant review process. My disclosure provided above is accurate for the past 12 months. All conclusions in my presentation are based on evidence that is accepted within the health professions and the practice of pharmacy. All scientific research referred in, reported, or used in support or justification of my conclusions conforms to the generally accepted standards of experimental design, data collection, and analysis.  I understand that I must submit research grant proposal by the due date set forth by the NJSHP Research and Grants Committee so that it may be reviewed for conflict of interest/potential bias. By signing this document I have read and agree to all the set requirements and guidelines set forth by the committee. | | | | | | |
|  | | | | |  | |
| **Signature** | | | | | **Date** | |
| **Part 2: To Be Completed by President of NJSHP** | | | | | | |
| If conflicts of interest are present, the conflicts were resolved by the following process (check one): | | | | | | |
| Peer Review | Individual ended relationship | | Selected alternative primary investigator | Other (specify): Click here to enter text. | | |

## PLEASE RETURN THE COMPLETED FORMS TO:

## NJSHP Research and Grants Committee, c/o Stella Williams

## Email: swilliams@njha.com

## NJSHP Research and Grants Committee Eric T. Hola Pharmacy Practice Grant Application

## BLINDED APPLICATION

|  |  |
| --- | --- |
| **Proposed Research Project** | |
| **Complete Title of Proposed Project** | Click here to enter text. |
| **Checklist for Additional Attachments** | |
| **Attachment A: Abstract** (description of the proposed project plan must be provided as a separate document, entitled “Attachment A” and organized with the following headings. **Do not list names of investigators or institution name in the abstract**):   1. Introduction (program purpose, goals/objectives, rationale and previous work directly related to this project must be included) 2. Methodology (all methods used to complete the project, a timeline for completion of the project and method of data analysis must be included) 3. Potential Benefits or Anticipated Significance to Institutional Pharmacy Practice 4. References | |
| **Attachment B: Budget** (an itemized listing entitled “Attachment B” of anticipated and known expenses must be included) | |

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## BLINDED APPLICATION

## Attachment A: Abstract

## *May use additional pages if necessary. Do NOT list names of investigators or institution name.*

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| Complete Title of Proposed Project: Click here to enter text. |
| Introduction |
|  |
| Methodology |
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| Potential Benefits or Anticipated Significance to Institutional Pharmacy Practice |
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| References |
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## NJSHP Research and Grants Committee Eric T. Hola Pharmacy Practice Grant Application

## BLINDED APPLICATION

## Attachment B: Budget

## *May use additional pages if necessary. Do NOT list names of investigators or institution name.*

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| --- | --- |
| Complete Title of Proposed Project: | |
| Itemized List of Anticipated and Known Expenses | |
| Item | Proposed Cost |
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| Total | $ |

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